

## **MODULE 6: SAFETY AND WELLNESS OF DISASTER MENTAL HEALTH WORKERS**

**A**lthough providing mental health support during a crisis can be very rewarding, it also can be stressful, even for the most seasoned mental health professional. The effect of a terrorist event, personally and professionally, may be more severe for some disaster mental health workers than others. Although disaster mental health workers typically work with crime victims and other people who have experienced trauma, they may not be accustomed to working in an environment impacted by terrorism.

The needs of the survivors of terrorism may be overwhelming. The large scale of the terrorist impact may mean there is a limitless amount of work to be done, and disaster mental health workers may feel the need to push themselves beyond their usual limits. Due to the extensive needs of victims and their family members, it can be difficult to leave the scene and go home, or to take a break when assistance is still needed. But it is important for disaster mental health workers to monitor themselves and to take care of personal needs so they will have more energy to help others.

After completing this module, disaster mental health workers will be able to:

- Understand the need for self-care and personal safety
- Monitor their own physical and mental health during a terrorist event
- Work with team members, supervisors, and/or other counselors to promote a supportive work environment
- Identify stress management techniques, such as debriefing, that may be helpful for themselves and other disaster mental health workers in the aftermath of an act of terrorism.

### **Self-Care Before the Event**

Disaster mental health workers need to:

- Assess their willingness to engage in a terrorist event response
- Assess their strengths and weaknesses in crisis situations
- Make personal preparations in advance

Below are some specific factors that disaster mental health workers may want to consider as they start to plan for a possible terrorist event.

- *Management structure and support.* Is the organization that the disaster mental health worker works for prepared to respond to a terrorist event? Will there be special training in disaster counseling?
- *Social support.* Does the disaster mental health worker have a strong support network of peers, friends, and family to count on?
- *Competing demands.* Are there family responsibilities to deal with? Are there ways to plan ahead of time to meet those responsibilities?
- *Environment.* Is working in settings that may potentially be unpredictable, hectic, and noisy tolerable? How does the disaster mental health worker feel about meeting clients in places other than his or her office?
- *Personality.* Is the person flexible and able to adjust to conditions that may change rapidly? Can the disaster mental health worker concentrate when there are a number of stimuli competing for his or her attention? Is he or she a positive, optimistic person?
- *Physical health.* Are there health considerations that limit the person's ability to work in certain conditions or environments? Does the disaster mental health worker have a lot of stamina? Does he or she take care of him or herself when under stress, or does the person tend to get sick?
- *Prior traumas.* Has he or she experienced prior traumas of any sort (e.g., disaster, accidents, abuse)? Will certain kinds of situations have personal significance due to prior experiences? (Note: Prior traumas may make it more difficult for some people, but easier for others. The person will need to decide for him or herself, based on whether the emotional issues surrounding the earlier trauma have been resolved.)
- *Prior mental health issues.* Are there past mental health issues that may affect adjustment or functioning in a disaster setting?

The decision about whether to do disaster mental health work during or after a terrorist event is a personal one that depends on knowing oneself, including one's reactions and limitations. If mental health workers do decide that this kind of work is for them, they can take the steps listed below in advance to help adjust to working in a disaster setting.

- *Make arrangements for personal responsibilities.* If they have children that need to be taken care of, financial responsibilities, or other personal demands that may compete for their attention during a disaster, they might want to try to make arrangements ahead of time.
- *Create a self-care plan.* They may want to have a detailed, written plan for how they will take care of stress and their health while doing disaster work (there is additional information on this later in this section).
- *Participate in drills and other disaster training.* Although training can never completely simulate a disaster, training can help prepare them for some of the issues that may arise in a disaster setting.

- *Work with organizations to make workplace preparations.* They can work with their managers and colleagues to develop emergency response plans and discuss the details of how work will change during a disaster (e.g., whether regular work will be reassigned, whether attendance at additional team meetings be required).

## Self-Care During the Event

When considering self-care during or after a terrorist event, it is important to examine two separate areas: emotional care and personal safety. Emotional care involves protecting one's own mental health and functioning, and personal safety refers to being aware of physical risks that one may be exposed to when involved with crisis response.

### *Emotional Care*

Emotional care is particularly important in a terrorist situation because the disaster mental health worker may also be considered a survivor of the event. Even if the disaster mental health worker did not experience the same kind or degree of trauma as those who are seeking counseling, he or she is still personally coping with the event. Few people who respond to a mass casualty event remain untouched by it. The disaster mental health worker may experience sadness, grief, or anger—but deny his or her needs for rest and recovery to help others.

An important tool in protecting one's emotional health during a crisis is one that disaster mental health workers probably use already in their regular roles as counselors—setting personal boundaries. By determining personal boundaries before the crisis occurs, the workers will be better able to take care of themselves. These may be different personal boundaries than those typically set. For example, in regular practice, disaster mental health workers may have people leave messages with an answering service after a certain time of the day. However, in a crisis, they may choose to extend hours or make sure that people talk directly with another mental health provider.

The personal boundaries that disaster mental health workers set will require a realistic assessment of their limits and what is needed to be effective in treating others. Keep in mind that it may be harder to maintain personal boundaries in a crisis because a disaster mental health worker also may have endured the same event, which can make it harder to remain emotionally detached. A few examples of personal boundaries that could be set include:

*As a clinician, the thing that was most surprising for me was the issue of what is called “vicarious trauma.” Keep in mind that this event was an event that happened to us all, including the service providers, and, because of that, we as clinicians had to be very mindful of keeping our own “stuff” out of other people’s “stuff.” As a manager of staff providing services, vicarious trauma became a critical issue as well...I had to manage our staff’s process while they were in a process of providing services. So, I think vicarious trauma is a very critical clinical issue...where almost everyone is a victim by virtue of having seen the event on television, either in real time or delayed time...As clinicians in service to trauma victims, perhaps one of the most important points we have to remember is that trauma work is not traditional work.*

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- Limiting exposure to media coverage
- Setting work hours (e.g., limiting shifts to 12 hours or less)
- Referring someone to another provider if the issues that come up are beyond one's expertise

### ***Continual Self-Monitoring***

All disasters are inherently stressful. Disaster work can be intensely meaningful and rewarding, as well as traumatic. Even the most experienced disaster mental health worker needs to be attentive to his or her own stress responses. Continual self-monitoring is an important component in managing stress. Although this may seem obvious, when someone is involved in a response to a terrorist event, self-monitoring may seem like a luxury. Functioning well will depend on many factors such as stamina, expectations, prior traumatic experiences, and even eating habits. The way one functions in his or her regular role as a mental health professional may be very different from functioning in a crisis. Therefore, continual self-monitoring is critical to make sure that stress is at a manageable level. Many counselors from the Community Resilience Project (CRP) found it helpful to partner with a friend or colleague to help monitor each other's stress levels to determine when relief was needed.

The *Self-Monitoring Checklist* below can be used to measure stress levels following a terrorist event. Experiencing a few of the listed symptoms generally does not constitute a problem, but experiencing several symptoms from each category may indicate a need for stress reduction. By taking care of oneself, the disaster mental health worker will be better able to care for the victims. Some stress reduction suggestions follow the checklist.

### **Self-Monitoring Checklist<sup>39</sup>**

Check off anything that pertains to feelings, thoughts, or behaviors in the last 24–48 hours.

#### ***Behavioral***

- ☐ I am more or less active than normal.
- ☐ I am not as effective or efficient as usual.
- ☐ People do not seem to understand what I am trying to say.
- ☐ I feel irritable or angry all the time.
- ☐ I cannot seem to rest, relax, or let down.

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<sup>39</sup> Carter, N.C. (Draft, 2001). *Stress management handbook for disaster response and crisis response personnel*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

- ☐ I am eating a lot more/less than usual.
- ☐ I have trouble sleeping/am sleeping too much.
- ☐ I cry a lot or feel like crying all the time.
- ☐ I am drinking or smoking more than I usually do.

***Physical***

- ☐ My heart seems to beat fast all the time.
- ☐ I have an upset stomach, nausea, or diarrhea more often than normal.
- ☐ I have been gaining/losing a lot of weight.
- ☐ I perspire more than normal or often have chills.
- ☐ I have been having headaches.
- ☐ I have sore or aching muscles.
- ☐ My eyes are more sensitive to light.
- ☐ I have lower back pain.
- ☐ I feel there is a “lump in my throat” all the time.
- ☐ I jump at loud noises or when people come up behind me.
- ☐ I sleep okay, but I am still tired.
- ☐ I cannot get rid of this cold/I feel I am coming down with the flu.
- ☐ My allergies, asthma, arthritis, or other chronic health condition(s) have been bothering me more than usual.

***Psychological/Emotional***

- ☐ I have been on a natural high/an adrenaline rush for days.
- ☐ I feel anxious or fearful often.
- ☐ I can't keep my mind on my work.

- ☐ I feel sad, moody, or depressed.
- ☐ I have been having disturbing dreams.
- ☐ I feel guilty about what the survivors are going through.
- ☐ I feel overwhelmed, helpless, or hopeless.
- ☐ I feel isolated, lost, or alone.
- ☐ No one seems to understand or appreciate me.

### ***Cognitive***

- ☐ I am having trouble remembering things.
- ☐ I get confused easily.
- ☐ I cannot figure things out as quickly as I usually do.
- ☐ I keep making mistakes or cannot make decisions well.
- ☐ I have trouble concentrating.
- ☐ I cannot quit thinking about the disaster or incident.

### ***Social***

- ☐ I do not want to be around people.
- ☐ I do not want to listen to people.
- ☐ Trying to work with the group seems like a waste.
- ☐ I just do not like to ask for help.
- ☐ People seem so slow or unresponsive.

### **Some Things One Can Do to Reduce Stress and Renew Energy**

- Take a walk or stretch.
- Stop and breathe deeply for a few moments.

- Talk to a trusted friend about your situation.
- Eat nutritious foods (e.g., lean protein, whole grains, fruits and vegetables) and avoid sugar, caffeine, and alcohol.
- Take a hot bath.
- Read a humorous or interesting book on a topic completely unrelated to what you are dealing with.
- Sit in a dark room for a few minutes to help relieve headaches.
- Get to sleep early, if possible.
- Be patient with yourself.
- Ask people who have been through a similar experience how they handle their stress.
- Get a friend to partner with you for stress monitoring and reduction.
- If you feel lonely or isolated, ask someone to go to dinner or a movie.
- Meditate.
- Exercise.
- Spend some time with friends, family, and/or pets.
- Try to stick to your morning and/or evening routines as much as possible.
- See if shifts can be rotated with a colleague so that neither person is doing high-stress work day after day.

It also is very important to limit exposure to the event when off-duty. Although it may be tempting to watch news and updates about the event on television, it is best to limit exposure to the media. A study on psychological responses to the events of 9/11 indicates that the number of hours of television coverage an individual watched per day in the days following the attacks correlated with the development of Post-Traumatic Stress Disorder (PTSD) or symptoms of clinically significant psychological distress in that individual.<sup>40</sup>

### ***Personal Safety***

Personal safety, especially when making home visits and when in the area of the terrorist incident, can be an issue when a disaster mental health worker responds to a terrorist event.

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<sup>40</sup> Schlenger, W.E., et al. 2002. Psychological Reactions to Terrorist Attacks: Findings from the National Study of Americans' Reactions to September 11. JAMA, 288(5), 581–588.

To reach people affected by the event, disaster mental health workers may need to go door-to-door in isolated, high-crime, and/or unfamiliar areas, sometimes in the evening. It is important to keep safety in mind at all times and to help other team members stay safe. It is also crucial that one also trusts his or her instincts. Some possible ways to protect oneself in potentially dangerous situations include:

- Conducting outreach in teams, if possible
- Making sure to carry a cell phone and a local map
- Determining the safety of an area before going there alone
- Dressing appropriately (i.e., counselors should not stand out from the crowd)
- Checking in with supervisors, other mental health workers, and/or friends and family at pre-agreed time intervals or maintaining a daily log with arrival/departure information
- Assessing the environment (e.g., being alert for unusual or dangerous activity/persons, honoring any request to leave)
- Determining with managers, team members, and/or other mental health workers before a mental health worker starts going out into the field what situations he or she absolutely should never get into (e.g., approach a house with a big dog in the yard), what possible dangers could be encountered, and which areas should not be entered under any circumstances

Depending on the nature of the event, the disaster mental health worker also may need to monitor his or her surroundings for potential environmental dangers and be ready to evacuate the area immediately if necessary. For example, after 9/11, responders had to be aware of the possibility that damaged buildings could collapse at any time.

## **Promoting a Supportive Work Environment**

Ideally, a self-care plan functions in tandem with support in the work environment from supervisors, team members, and/or other counselors. The type and source of support for disaster mental health workers in structured organizations may be different from those in private practice or those seeking outside support.

### ***Within Organizations***

- Managers or supervisors may provide support within an organization. For example, managers may foster a supportive culture and programs that support staff (information for managers is covered in detail in Module 7).
- Team members and other mental health workers also may provide professional and emotional support. Having the opportunity to talk with other team members is important for processing what people are thinking and feeling, and for getting additional perspectives on problems.



- Having an open dialogue and clear lines of communication between managers and counselors and between team members at all levels is helpful.

### ***In Private Practice or for Those Seeking Outside Support***

- Other counselors doing disaster mental health work can provide support for each other either individually or through small formal or informal groups. Keeping in touch with others doing disaster mental health work is critical for one's emotional health and for keeping updated on how the community as a whole is functioning.

In addition to communication, there are other ways that the team members in the work environment can support each other in a crisis situation. Some examples are listed below.

- **Encourage team members to take breaks.** Heeding the team's advice on breaks is good not only for those taking the break but also for the team, as people will return to the team with renewed energy and will be better equipped to serve their clients.
- **Meet on a regular basis.** Meetings with team members are vital to ensuring that everyone has the same information and is functioning effectively. Depending on the situation, the team may want to meet every few hours, every day, or every couple of days. Meetings help team members feel less isolated and provide a forum to help each other solve problems that may arise. Meetings are also a good way to take continual stock of how well everyone is coping.

*The key to good services is a healthy and happy service provider. We worked hard to ensure that the outreach team was as stress-free as possible. To help achieve this goal, we had weekly 2½-hour meetings to address program issues, deployment, personal stress management, and training, as well as weekly 30-minute meetings with each individual on our team. We also made sure that they understood the purpose of the outreach activities and that they had the tools to facilitate them.*

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- **Participate in emergency procedures/drills and planning.** Participating in drills is an opportunity to test personal and team reactions to a crisis and find ways to improve before a terrorist attack happens. Drills can also be helpful in team building and making the response to an actual crisis go more smoothly.
- **Acknowledge fellow staff members.** Although it is rewarding to receive acknowledgement for a job well done from a supervisor, it is also gratifying to receive positive recognition from a colleague. Expressing positive reinforcement publicly is a great way to help build a positive, supportive atmosphere among team members and help boost morale.
- **Normalize getting help.** Management and other colleagues can help foster an atmosphere where it is considered acceptable to debrief with colleagues, access Employee Assistance Programs, or get other professional help. Conducting formal debriefing as described in the next section may also help.

## Other Stress Management Assistance

It can be very difficult for disaster mental health workers to hear about the traumas of survivors for days on end, and some may begin to suffer from vicarious traumatization. Several ways of managing stress and preventing burnout are discussed in this section.

### *Debriefing*

One way to try to manage stress levels is by debriefing, which is a process that can help people understand and manage intense emotions, develop more effective coping strategies, and receive support from their peers. Either in pairs or in groups, colleagues may do informal debriefings on a case-by-case or daily basis. Informal debriefing may simply involve talking about the current thoughts and feelings someone is experiencing. It may even be a short, spontaneous conversation for a few minutes in a break room. Debriefing can focus on a specific incident or the buildup from multiple stressful incidents over a period of days or weeks. Debriefing can also be a more formal, structured, confidential process for the staff at a particular site or in a particular work group.

Many disaster mental health workers may be familiar with the concept and methods of debriefing, but they know the technique from the perspective of the facilitator, not the participant. A group of these workers in Northern Virginia found that debriefing was a great tool for normalizing feelings, thoughts, and reactions that they experienced and for removing some of the stigma of getting help for themselves.

Debriefing is likely to be done up to a few days after the event or may happen as the event progresses. Several follow-up debriefings may be helpful in the weeks, or even months, following the end of the response to the event, as people's reactions to an event may take a while to surface or new issues may arise as time goes on. Even debriefers may need a special debriefing at some point, as they can also suffer from vicarious traumatization. More details about how to conduct debriefings are covered in Module 3.

*While we were going through the different phases of coping with 9/11, new events like the sniper attacks and the continued terror alerts launched people back into a previous phase of recovery. The cumulative stress that the individuals in our community were experiencing from all of these events, as well as the stress that these events put on the staff, made it that much more critical for us to come together, work to promote team-building, talk about what was working and what wasn't, and share our experiences. This helped us help each other.*

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For people who have difficulties with self-assessment and taking time for themselves, debriefing techniques may demonstrate the need for additional self-care and even professional help. In addition, if those conducting the debriefing are from another outside organization, they may be able to provide new alternatives or resources that people had not considered previously. These techniques may not provide all of the support that disaster mental health workers will need, but can be very helpful.

## **Other Types of Interventions**

For disaster mental health workers who are working within an organization, supervisors can be very helpful in ensuring that their workers are functioning well during a crisis. Supervisors can work individually with employees in several ways. One way is to discuss individual cases with the employees to determine if the disaster mental health worker's expectations for the client are realistic and to see if the client is resolving his or her problems. Supervisors can also help their employees in further developing their skills (e.g., how to respond to strong emotions expressed by a client) and in determining when the needs of the client are greater than what the counselor can provide. In addition, supervisors can help monitor caseloads and help disaster mental health workers learn how to end counseling relationships as appropriate.

Group supervision can also be helpful for disaster mental health workers. The group doesn't necessarily need to be working for one organization. It could consist of people working with specific types of clients, in a specific geographic area, or the group may have another common bond. Group supervision differs from a regular staff meeting or other gathering in that the focus is on the clinical and counseling aspects of the job. Issues that can be addressed in a group setting include difficult cases, heavy workloads, and skill building.

In-service trainings also may be very helpful for those who are doing disaster mental health work over an extended period of time. These kinds of trainings will pull the counselor out of the crisis environment for a few hours or a day so that they can build on their existing skills, take a break from the crisis, and participate in team-building activities. For example, a ropes course is a great way to encourage problem-solving in a group setting and gain an appreciation for the abilities and skills of other team members.

## **Summary**

To be effective in their jobs, disaster mental health workers must make self-care a priority, ensure that their physical and emotional needs are met, and determine that they are working in a safe work environment. Supervisors and organizations can be very helpful in providing support to disaster mental health workers in many ways, including providing assistance with cases, fostering an environment where teamwork thrives, and providing debriefings and other mental health services. There are also many ways that disaster mental health workers can directly reduce their own stress and that of their fellow workers. Although getting support is more challenging for those who work independently (e.g., in private practice), there are many sources for support outside the immediate work environment, including family, friends, and other counselors.

## **Additional Resources**

Carter, N.C. (Draft, October 2001). [Stress management for disaster response and crisis response personnel](#). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.